

Provider Health Advisory (Update)
July 1, 2022
**Monkeypox Virus Infection in the United States and
Other Non-endemic Countries—2022**

Summary:

As of June 30, 2022, there are >5,300 suspected or confirmed cases of monkeypox (MPX) from 52 countries. The strain circulating in the US and globally is one that causes milder illness.

In the US, there have been 396 cases, including 89 California residents. None of the California cases has required hospitalization and none has died. However, painful lesions can develop in sensitive areas, such as genital and perianal areas, and disease can be severe in the immunocompromised.

Close, sustained skin-to-skin contact, including sexual contact appears to be the most significant risk factor for transmission. In this outbreak, many of the reported cases have been among gay, bisexual, and other men who have sex with men (MSM). There have been no pediatric cases to date in the US.

Healthcare providers should be alert for patients who have rash illness [consistent with monkeypox \(www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html\)](http://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html), regardless of whether they have travel or specific risk factors for MPX and regardless of gender or sexual orientation.

MPX vaccine (JYNNEOS™) supplies are currently limited but expected to increase over time. Vaccine may be used for PostEP in certain close contacts and for PreEP in patients with high-exposure risk.

An investigational antiviral medication, tecovirimat (also known as TPOXX or ST-246) can be considered to treat MPX disease. TPOXX is only available through a facility able to carry out the investigational new drug (IND) requirements but may be considered after consultation with Contra Costa Public Health. Facilities interested in becoming an IND site should contact Contra Costa Public Health.

Actions Requested of Healthcare Professionals:

- 1. REPORT immediately** all patients who meet the current suspected MPX infection case definition (below) to **Contra Costa Public Health (925-313-6740 during business hours or 925-646-2441 after hours for Sheriff's Dispatch to connect with the Health Officer on-call).**
 - **Suspect Case:** New characteristic rash¹ **OR** meets one of the epi criteria **AND** has a high clinical suspicion for MPX (consider telemedicine evaluation in a medically-stable patient)
 - i. The characteristic rash associated with MPX lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs.

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1. All US cases to date have had a rash
 2. Rash appearance typically evolves rapidly
 3. Lesions can be scattered or localized to a body site rather than diffuse
 4. Lesions have sometimes been in different stages of progression
- ii. For epidemiologic criteria, within 21 days of illness onset:
1. Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable MPX **OR**
 2. Had close or intimate in-person contact with individuals in a social network experiencing MPX activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (e.g., a bathhouse, bar, or party) **OR**
 3. Traveled outside the US to a country with confirmed cases of MPX or where MPX virus is endemic **OR**
 4. Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals

2. IMPLEMENT infection control as soon as possible

- **Patients presenting with suspected monkeypox** should be placed promptly in a single-person room with door closed if safe to do so; special air handling is not required. The patient should have a dedicated bathroom. Avoid activities that could resuspend dried materials from lesions (fans, dry dusting, sweeping, or vacuuming). Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should wear a medical mask and any exposed skin lesions covered with a sheet or gown.
 - i. Patients with MPX who do not require hospitalization can isolate at [home](http://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html) www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html
- **Healthcare workers evaluating patients with suspected MPX** should wear the following: gloves, gown, eye protection (goggles or faceshield), and a N95 or equivalent or higher-level respirator. PPE should be donned before entering patient’s room. Remove gloves, gown, and eye protection and perform hand hygiene prior to leaving the room. Remove and discard the N95 after leaving the room and closing the door. Replace with a mask.
- **Environmental surfaces** should be cleaned and disinfected with a hospital-grade disinfectant. CDC recommends using an EPA-registered, hospital-grade disinfectant with an emerging viral pathogen claim (EPA List Q). Use care when handling soiled laundry to avoid contact with lesion material and never shake or handle in a manner that may disperse infectious particles. Avoid dry dusting, sweeping, and vacuuming. Wet cleaning methods are preferred. Waste should be managed as medical waste.

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- 3. CONSULT** with Contra Costa Public Health to discuss testing, treatment, or post-exposure prophylaxis. The California Department of Public Health (CDPH) provides MPX testing and Contra Costa Public Health is available to assist providers with the CDPH’s MPX specimen submission process.
- Collect **two** swabs from **each** location. More than one lesion should be sampled, preferably from different body sites. Up to a total of 3 lesions/6 swabs should be collected. Avoid using one swab to sample multiple lesions or body locations.
 - Vigorously swab or brush lesion with two separate sterile, dry polyester, nylon, or Dacron swabs (no cotton) with a plastic or aluminum shaft. Unroofing can be helpful but not required.
 - Break off end of applicator of each swab and place into a sterile 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile, dry container.
 - i. If placed in viral transport media, specimen must be received by CDC within 7 days. Do not add or store in any other type of transport media.
 - Include the scab if possible but scabs must be stored dry in separate sterile containers.
 - Clearly label paired specimens, e.g. “L elbow swab #1” and “L elbow swab #2”. Both swabs will be shipped to CDPH but one will be used by CDC for MPX PCR confirmatory testing.
 - Store all specimens at 4°C/39°F (up to 72 hours) or in the freezer at -80°C/-112°F if more than 72 hours

¹Rash can sometimes be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, and varicella zoster). Historically, sporadic accounts of patients co-infected with MPX virus and other infectious agents (e.g., varicella zoster, syphilis) have been reported, so patients with a characteristic rash should be considered for testing, even if other tests are positive.



From Basgoz N, Brown CM, Smole SC, et al. Case 24-2022: A 31-Year-Old Man with Perianal and Penile Ulcers, Rectal Pain, and Rash. Epub ahead of print. Copyright © Jun 15 2022. Massachusetts Medical Society. Reprinted with permission from Massachusetts Medical Society

Monkeypox lesions, United States 2022



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From: CDC June 29, 2022 COCA slides (emergency.cdc.gov/coca/ppt/2022/062922_slides.pdf)

